AMENDMENT TO THE CLAIMS

Claim 15. (Currently Amended) A method of treating infertility disorders by administering an LH-RH antagonist and administering an exogenous gonadotropin for inducing follicle growth, the improvement comprising administering the LH-RH ~~Antagonist~~ antagonist within a controlled ovarian stimulation program either in a single or dual does regimen of 1 to 10 mg ~~or in a multiple dosage regimen of 0.1 to 0.5 mg per day~~.

Claim 16. (Previously Added) The method according to claim 15 wherein the antagonist is Cetrorelix.

Claim 18. (Currently Amended) In a method of treating infertility disorders by administering an LH-RH ~~Antagonist~~ antagonist inducing follicle growth by administration of exogenous gonadotropin, the improvement comprising administering an amount of LH-RH antagonist in a single or dual dose sufficient to suppress only endogenous LH, while FSH secretion is maintained at a natural level and individual estrogen development is not affected, wherein suppression of endogenous LH activity is followed by maintenance of follicle development by endogenous gonadotropins without external stimulation.

Claim 19. (Previously Amended) The method according to 18, wherein suppression of the endogenous LH is caused by Cetrorelix.

Claim 20. (Cancelled)

Claim 21. (Currently Amended) A method of controlled ovarian stimulation comprising administering Cetrorelix in either a single or dual dose of 1 to 10 mg, ~~or in a multiple dosage regimen of 0.1 to 0.5 mg per day~~ starting ~~at cycle day 1 to 10~~ and inducing ovulation between day 9 to 20 of the menstruation cycle.

Claim 22. (Previously Added) The method according to claim 21 in which Cetrorelix is applied starting cycle day 4 to 8 and ovulation can be induced between day 9 and 20 of the menstruation cycle.

Claim 23. (Currently Amended) The method according to claim 15 wherein the ~~LH-RH Antagonist~~ LHRH antagonist is given as a single or dual subcutaneous dose in the range of 1 mg to 10 mg.

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Claim 24. (Currently Amended) The method according to claim 23 wherein the ~~LH-RH Antagonist~~ LHRH antagonist is given as a single or dual subcutaneous dose in the range of 2 mg-6 mg.

Claim 26. (Previously Amended) The method of claim 16 in which Cetrorelix is applied starting on cycle day 6 to 10 and ovulation can be induced between day 9-16 of the menstruation cycle.

Claim 27. (Previously Added) The method according to claim 15 wherein ovulation is induced by recombinant LH.

Claim 28. (Previously Added) The method according to claim 15 wherein ovulation is induced by native LH.

Claim 29. (Previously Added) The method according to claim 15 wherein ovulation is induced by a LHRH agonist.

Claim 30. (Previously Added) The method according to claim 15 wherein ovulation is induced by HCG.

Claim 31. (Previously Added) The method according to claim 15 wherein the native LHRH or a LHRH agonist are given to avoid luteal phase supplementation in preventing negative effects of HCG during the luteal phase.

Claim 32. (Previously Amended) The method according to claim 15 wherein recombinant LH, native LHRH or LHRH agonst is administered to avoid hyperstimulation syndrome.

Claim 33. (Previously Amended) The method according to claim 21 wherein Cetrorelix is applied starting on cycle day 6 to 10 and ovulation can be induced between day 9-16 of the menstruation cycle.

Claim 34. (Previously Added) The method of claim 15 wherein the single or dual dose regimen is administered in an amount of 3 mg.

Claim 35. (Cancelled)

Claim 36. (Previously Added) The method of claim 21 wherein the single or dual dose regimen is administered in an amount of 3 mg.

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Claim 37. (Cancelled)

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